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The day surgery experience from a service users perspective

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Introduction

Day case surgery or 'day surgery' is defined as the admission of a patient for investigation or surgery and who is then discharged home within one day (Verma *et al.*, 2011). Up to 70% of all surgical procedures in the Western world are performed as day case surgery, although there are variations both within and between countries (Jareff and Staniszewski, 2006). Over the last 20 years there has been an exponential rise in the number and complexity of day case surgery worldwide. There are a number of reasons associated to these advancements such as the development of minimal access surgery, technology and the increase in healthcare costs resulting in patients spending fewer days in hospital. There are also a number of primary care improvements, such as specialist nurses, which have made the transition from secondary care to primary care achievable and safe for the patient (DHSPSS, 2011). The increased provision of day surgery is also cognisant of DOH policy and guidance regarding the move towards greater patient self management in the primary care setting (DHSSPS, 2011; DOH, 2010).

Although health policy would suggest that day surgery is the best service for patients undergoing a surgical procedure, it is important to consider the patient and whether this service is what they want. One way of reviewing systems of care is through a service evaluation, which enables patients to give feedback on the care they receive. Service evaluation has been described as "the effect of nursing care on patient experiences and outcomes" (Twycross and Shorten 2014). The patient can often bring insights and perspectives to health that practice providers should embrace (McCutcheon and Gormley 2014). As Keough (2013) indicated collaborative engagement with service users and carers is beneficial in the delivery of high-quality health services that are safe, effective and adherent to agreed and acceptable values. The information generated from service evaluations can be used to inform local decision-making, changes to care delivery and improvements in patient care.

According to a study by Ritzer (2008), patients are satisfied with the process of day surgery as it fits in with the Western lifestyle, but some patients express dissatisfaction with time delays before having the procedure. Mottram (2011a) refers to this as wasted time, where patients feel that they could be using this time to do something more valuable like taking their children to school or going to work. Day surgery can also be misinterpreted as minor surgery by patients and carers this then leads to preconceived expectations by patients for a rapid return to normal life (Gilmartin, 2007), which may not always be the case. Patients may be unable to carry out tasks they had taken for granted such as personal hygiene needs, depending on the surgery and so lose independence which in turn can cause frustration (Berg, Arestedt and Kjellgren, 2013). Pain and post operative nausea and vomiting are reported as the most common reason for readmission to hospital (Watt-Watson *et al.*, 2004, Lipp and Kaliappan, 2007). This highlights the need for patient education on the post operative surgical recovery experience and what it entails. This paper will describe the results of a service evaluation performed in a single site ambulatory care unit in Northern Ireland.

Method

Aim

To investigate patient satisfaction within a day surgery unit.

Design

An evaluative questionnaire was undertaken to fully gain insight into how patients felt with the day surgery service. The questionnaire used was derived from a validated day surgery survey tool used by Boyle (2001).

Participants

A non probability convenience sample was utilised for this evaluation. The sample selected for the evaluation was representative of the target population. Participants were included if

they were admitted for a day surgery procedure, were 16 years or older and were English speaking.

Data Collection

This service evaluation took place over a 5 week period from 3rd March 2014 – 31st March 2014 and included each of the specialities practiced in this day unit, all of the eligible patients within this timeframe were invited to take part, as per the recommendation of the Royal College of Anaesthetists (2012) who suggest auditing 100% of suitable patients within the timeframe. Patients were asked to participate on admission to the day surgery unit, a letter explaining the service evaluation was distributed to each patient and verbal consent given before a questionnaire was presented with the instruction to complete before discharge home and leave them in an assigned sealed box. This was to maintain confidentiality. The box was kept in a locked store in the day surgery unit until completion of the evaluation so that none of the questionnaires would not be misplaced.

Data Analysis

The quantitative data from the completed questionnaires were analysed using IBM SPSS Statistics software package 21. The qualitative comments were gathered and analysed to evaluate if themes emerge.

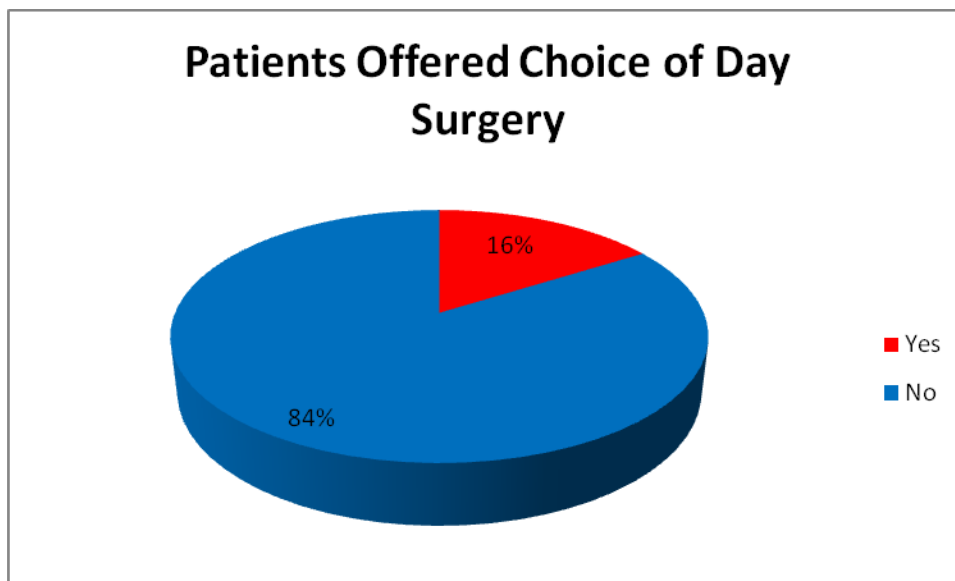
Ethical Considerations

The trust's research department approved this evaluation as a service evaluation and did not therefore require full ethical approval.

Results

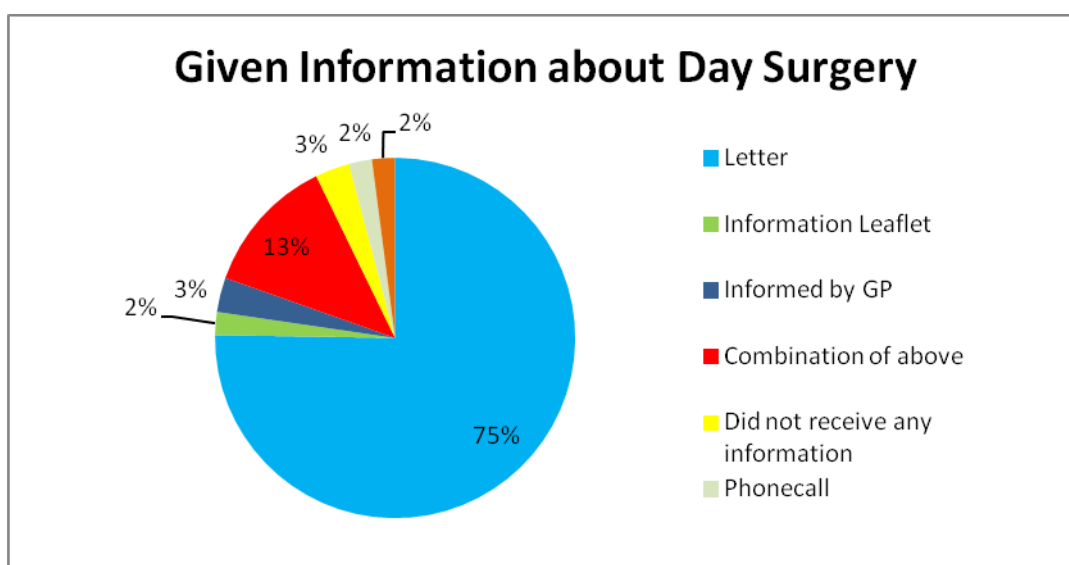
130 questionnaires were distributed, 98 were returned giving an overall return rate of 75%

Figure 1:



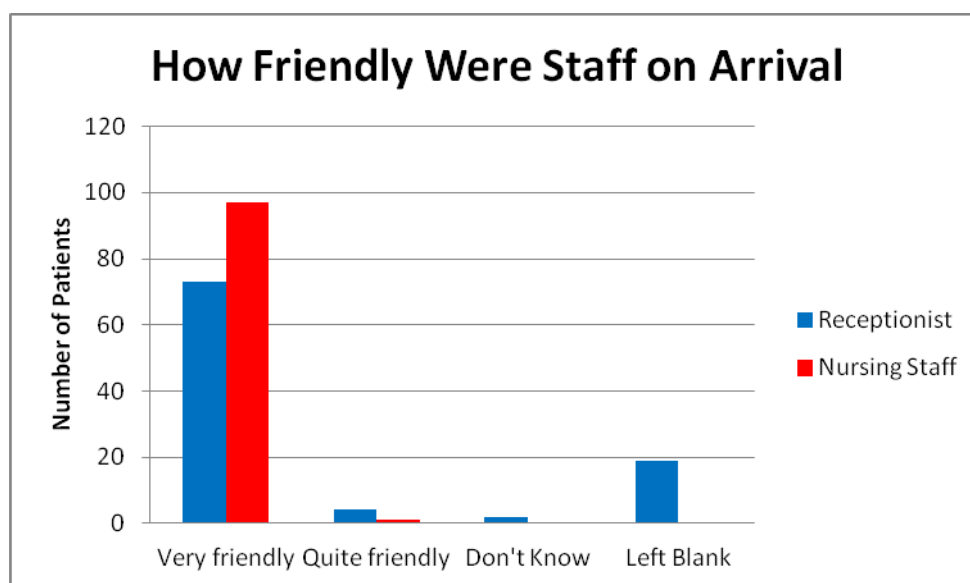
The participants were asked if they had been offered the choice of attending for day surgery or being an inpatient. 84% of participants were not offered a choice. Only 16% of participants were offered the choice as shown by figure 1. It would appear that the decision to undergo day surgery may be made by healthcare staff if a patient meets the criteria set out for day surgery

Figure 2:



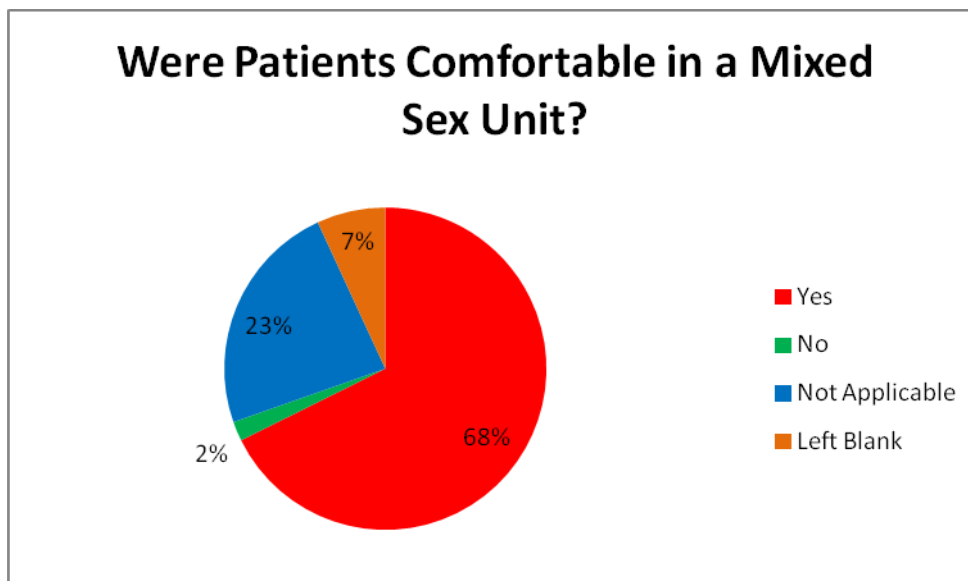
Information should be given prior to surgery to assist patients with their choice and inform them about their procedure and appointment. As shown in figure 2, 88% of participants stated they received a letter prior to their operation or a combination of a letter/ information leaflet/ informed by the G.P or phone call. 3% said they had not received any information regarding day surgery; this should not be the case as without information, a person cannot make an informed decision

Figure 3:



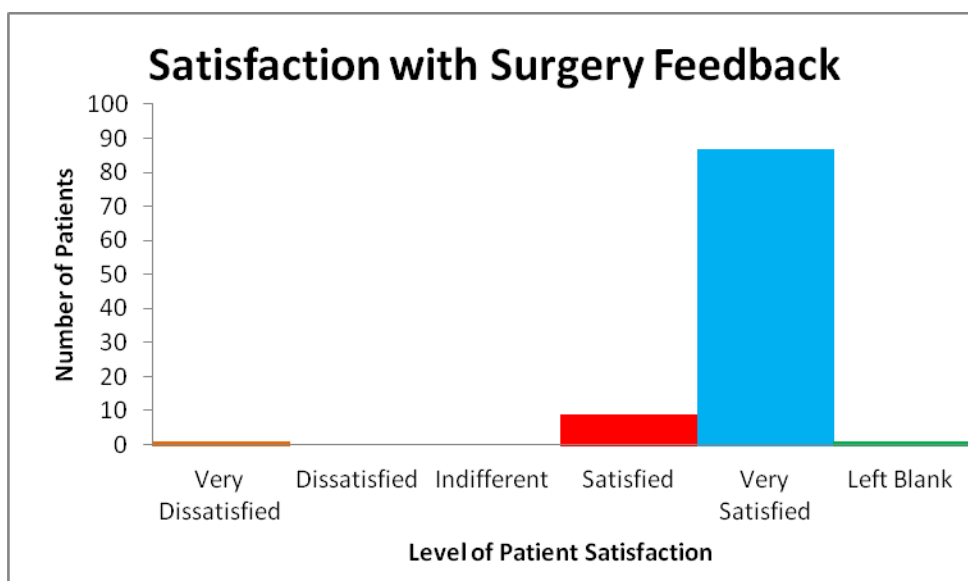
Overall 100% of participants found nursing staff either very friendly or quite friendly. 74% found the receptionist to be very friendly or quite friendly. 26% either left this question blank with regards to the receptionist or did not know which could be due to them being greeted by the nursing staff and therefore not having contact with the receptionist

Figure 4:



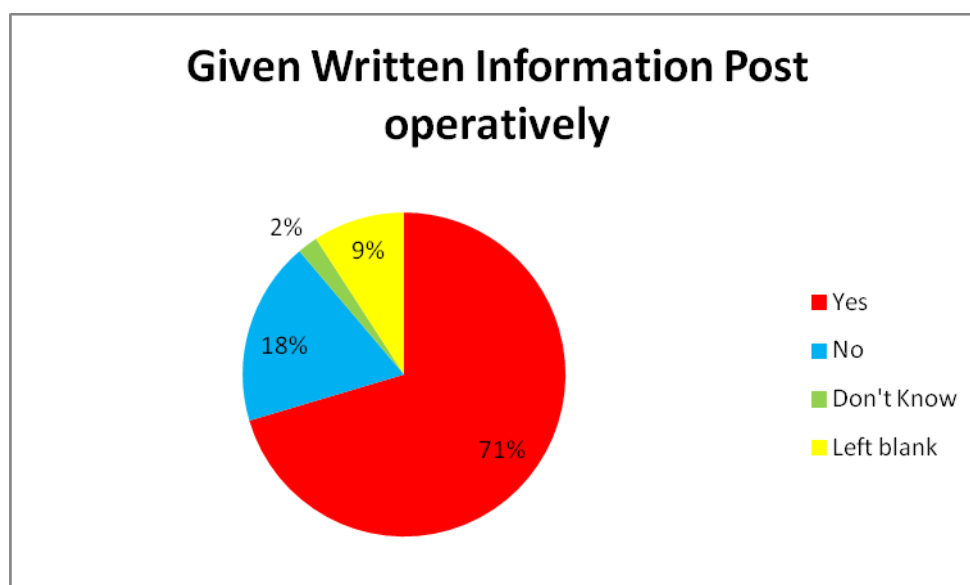
This day surgery is a mixed sex unit and as such patients were asked if they felt comfortable being in a mixed sex unit. Majority of patients were either comfortable or found this not applicable during their stay, two patients were not comfortable being in a mixed sex unit and one patients made a further comment regarding this. The results are illustrated in figure 4.

Figure 5:



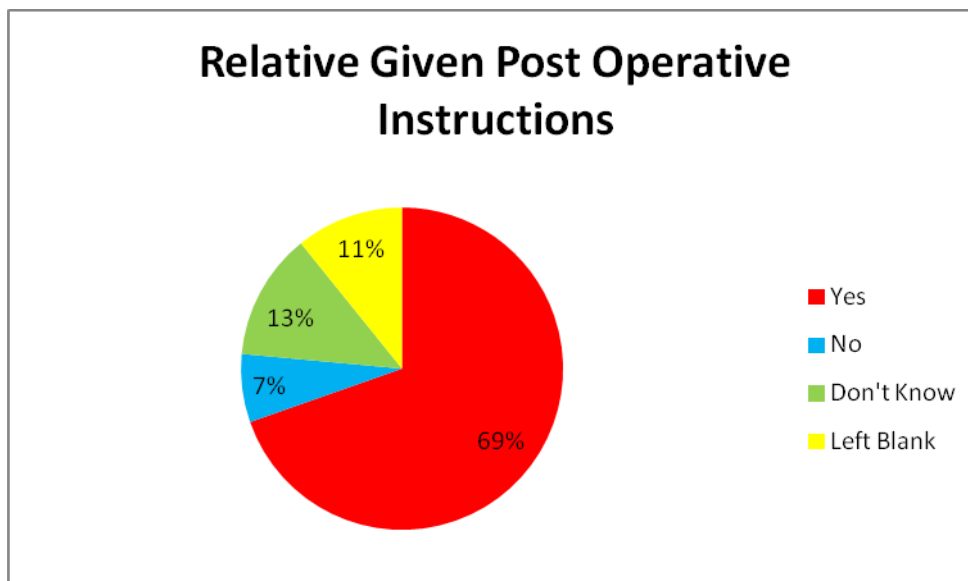
Participants were asked about their experience with the discharge process after surgery. When asked if they had been given feedback about their operation, 97 participants said they had been given feedback, one participant left this question blank (n = 98). Further to this participants were then asked how satisfied they were with their surgical feedback, 98% were either very satisfied or satisfied with their feedback, 1% left this question blank and 1% were very dissatisfied with their feedback as shown in figure 5.

Figure 6:



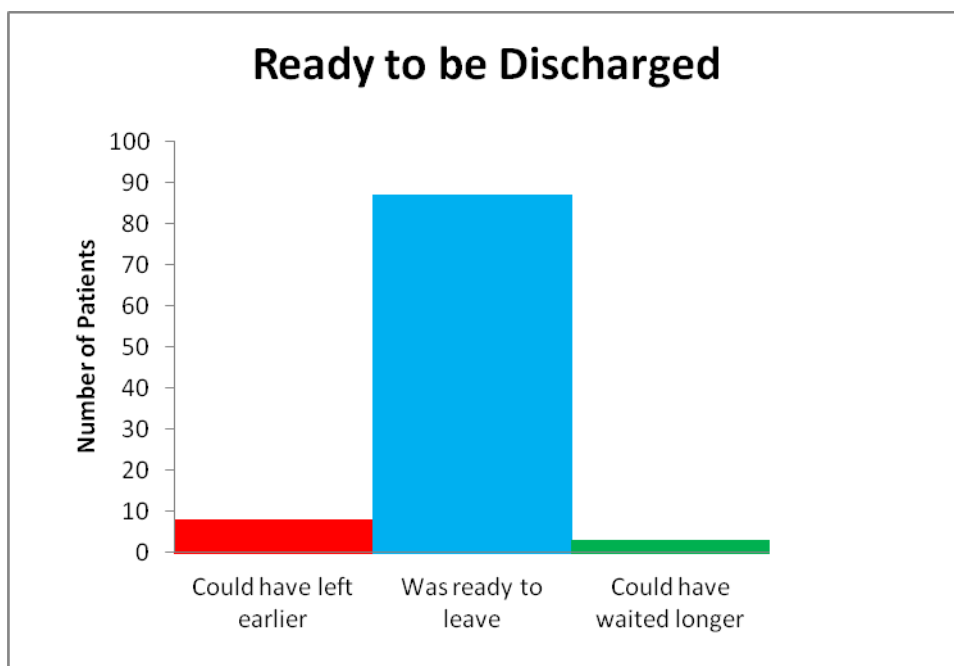
It is important to given written information post operatively as the patient may still be recovering from the effects of the anaesthesia, also there is a lot of information given at this stage and the patient may not be absorbing all of the information that is given. As shown in figure 6, most patients were given written information post operatively (71%). However 20% either did not receive written information or could not remember if they had been given any.

Figure 7:



Participants were then asked if their relative/friend were given instructions regarding their post operative care as advocated by Verma *et al.* (2011). 69% of participants said that their relative/friend were given instructions on aftercare, 20% were either unsure of this or stated that they had not been given information.

Figure 8:



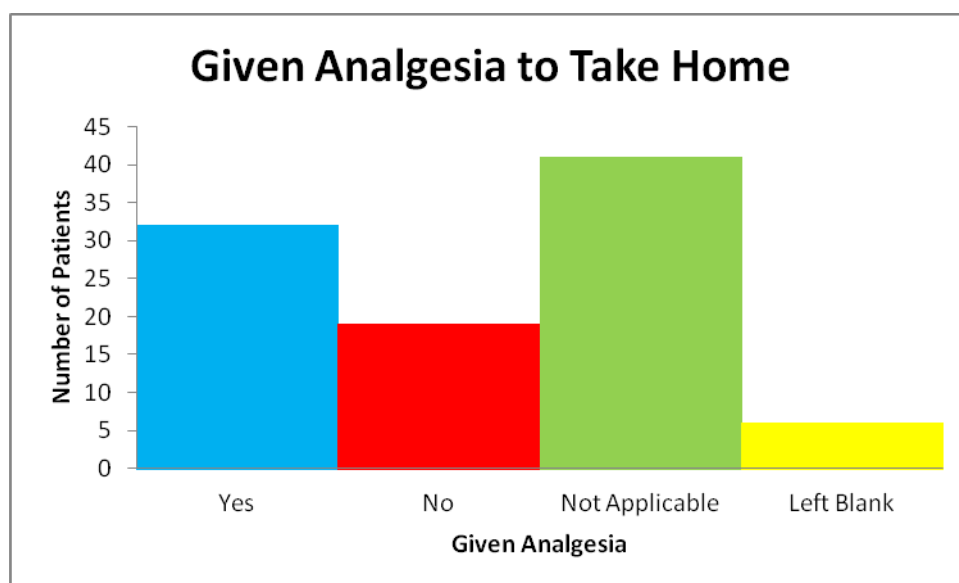
Participants were then asked if they felt they were well enough to be discharged home, 97% said they either could have left earlier or were ready to leave and 3% of participants felt they were not ready to be discharged at the time as shown in figure 8.

Figure 9:



As complications can arise post operatively, participants were asked if they had been given information on how to deal with post operative complications, majority of participants (96%) were given information on what to do whereas 4% of participants stated they either were not given information or did not know if they had been given information (figure 9).

Figure 10:



As post operative pain is common, Verma *et al.* (2011) state that patients should be discharged home with analgesia as required, only 33% of participants said they had been given analgesia to take home, although 48% either found this to be not applicable or did not answer this question with 19% saying they were not given analgesia on discharge (figure 10)

Qualitative Responses

Participants were given the opportunity to provide comments regarding their day surgery experience. Of the 98 participants, 28% provided comments; these have been grouped into comments about their day, staff, signs to the hospital, waiting and mixed sex units. A selection of comments are provided below:

Day surgery:

Patients commented on their care saying that it was of a "High standard" and "very professional" and indicated that they were "pleased with everything on the day, better than I expected". With regards to staff engagement a number of patients stated that the staff were "first class", "very nice" and "efficient". Two patients commented on the waiting time as

dissatisfactory “waiting is boring & in some patients can cause stress” a further patient felt uncomfortable in a mixed sex ward stating that, “it can be quite embarrassing sometimes”.

Discussion

Results from this evaluation indicated that pre-operative assessment was attended by 77% of patients. Pre-operative assessment should be attended by all patients undergoing day surgery as per Verma *et al.* (2011). This allows for communication between healthcare staff and the patient so any investigations or preparations can be made before the day of surgery. Only a minority of patients (16%) were given the choice between undergoing day surgery or inpatient surgery. This is in agreement with DoH (2002) guidelines which states that surgery should be treated as day case unless contraindicated. However the element of patient choice in decision making has been removed. Recent national and local healthcare Policy indicates that patients should be making informed decisions and should be included in any healthcare decision (DOH, 2011; DHSSPS, 2011). Therefore it could be suggested that the paternalistic approach to healthcare remains where patient’s treatments and care are made by healthcare professions without consultation with the patient (McCutcheon and Gormley, 2014).

Four patients suggested that the wait was long and that radios or books would be beneficial. One patient felt the wait could increase pre-operative anxiety; these comments are similar to those in the study by Gilmartin and Wright (2008) where patients felt the pre operative wait was long. The letter that is sent to patients prior to attending for their procedure could be adapted to state that there may be a waiting period and as such patients should bring material to occupy them such as a book or music. More recently consumer areas, such as cafes and hotels, offer free WIFI service. This is an area that could be explored as some patients could access this to enable them to carry out work while they wait for their procedure and may not feel this to be ‘wasted time’ (Mottram, 2011a).

Patients were asked who gave them information during their day surgery experience. It was found that 78% of patients were given information by nursing staff. Nursing staff are integral to this service, in such a short space of time; nursing staff admit, reassure, recover and discharge patients. Therefore it is possible that patients relate their satisfaction to nursing interaction as it is the nursing staff that are present in every step of the day surgery journey (Gilmartin and Wright, 2007).

All patients were given as much information as they required before surgery. Patients positively indicated that they were either satisfied or very satisfied with their surgery feedback 98%. However, only 71% of patients said they were given written information prior to discharge which is not satisfactory as all patients should be given written information. There is often a lot of information to retain following surgery, including what to do if there are any problems encountered. Having this information in written form would help ensure that the patient follows the instructions leading to a safer uneventful recovery (Verma *et al.*, 2011).

Limitations

This evaluation was carried out in a single day surgery unit and as such the generalisability is reduced as practices and types of surgical procedures in this unit may differ from other units.

Some patients required assistance when completing the questionnaire which is a limitation as those who assisted may have answered based on their opinions rather than that of the patient. In some instances, day staff informed the researcher that they had assisted with filling in the questionnaire when asked by patients; this may have influenced how the patient answered the question as they may not have wanted to offend staff.

The inability to further carry out a post operative service evaluation is a limitation of this evaluation as it is unknown how patients felt once they were discharged home.

Conclusion

Overall 100% of patients stated that they were either very satisfied or satisfied with their day surgery experience which is a very positive outcome for this evaluation. However although the overall patient satisfaction for this day surgery unit was encouraging, there are areas that require attention to ensure all aspects of the patient journey in day surgery are positive and pleasant. Not all patients are being given written information to compliment the verbal instructions/information which can cause confusion once the patient has been discharged and patients' are not being discharged home with analgesia which falls short of the recommendations (Verma *et al.*, 2011). With this in mind there are improvements that can be made to ensure all patients have a positive experience during a time that may be fear provoking and that this positive experience does not change to a negative experience once the patient has been discharged home.

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